

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 568-PDD-03-13-[58P]	
Application Number 10/585,722		Filed June 26, 2008	
For MRI COMPATIBLE IMPLANT COMPRISING ELECTRICALLY CONDUCTIVELY CLOSED LOOPS			
Art Unit 3774		Examiner J. Woznicki	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$150	<u>Small Entity Fee</u> \$75
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$560	\$280
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1270	\$635
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1980	\$990
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2690	\$1345
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2191</u> .			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>45,218</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
_____/Todd W. Wight/ Signature		_____ November 25, 2011 Date	
_____ Todd W. Wight Typed or printed name		_____ (714) 641-5100 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with 37 CFR § 1.6(a)(4).

Dated: November 25, 2011

Electronic Signature for Kari Lynn Barnes: /Kari Lynn Barnes/